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transmitted to the USPTO (703) 746-4000, on the date indicated below. Eric D. Levinson 10/18/2004 YPOLITE2 00000009 10788600 Imation Corp 01 FC:1501 1370.00 DA P.O. Box 64898 03 FC:8001 St. Paul, MN 55164-0898 300.00 DA 6.00 DA Eric D. Levinson Levenia (Signot ÷ 10/18/4 Œ APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10428US01 10/788,600 02/27/2004 Trung V. Lo 6804 TITLE OF INVENTION: CREDIT CARD SIZED MEMORY CARD WITH HOST CONNECTOR APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FRE(S) DUE DATE DUE nonprovisional NO \$1330 \$300 \$1630 11/16/2004 EXAMINER ART UNIT CLASS-SUBCLASS HESS, DANIEL A 2876 235-492000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Eric D. Levinson (1) the names of up to 3 registered patent attorncys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ☐ "Pee Address" indication (or "Foe Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custamer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Imation Corp. Oakdale, Minnesota Please check the appropriate assignce category or categories (will not be printed on the patent); individual **Corporation or other private group entity governm 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Salssue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number ____O9__O69________(enclose an extra copy of this form). (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other part interest as shown by the records of the United States Ratent and Trademark Office. (Authorized Signature) Euderment 10/18/4 Req. No. 35,814 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proc an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to comparis form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Exandria, Virginia 22313-1450. Levinson Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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